

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
2012 JUL 31 AM 11:31
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

FEC MAIL CENTER
12 FEB 4 5

Farmers Mutual Hail Insurance Company of Iowa
Political Action Committee

ADDRESS (number and street)

6785 Westown Parkway



Check if different
than previously
reported. (ACC)

West Des Moines

IA

50266-7727

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00117614

3. IS THIS
REPORT.



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)
(Non-Election
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)
(Non-Election
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day



Primary (12P)



General (12G)



Runoff (12R)

PRE-Election

Report for the:



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

State

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

State

5. Covering Period

MM / DD / YYYY
04 / 01 / 2012

MM / DD / YYYY
06 / 30 / 2012

through

MM / DD / YYYY
06 / 30 / 2012

MM / DD / YYYY
06 / 30 / 2012

MM / DD / YYYY
06 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Scott McEntee

Signature of Treasurer

Scott McEntee

Date

MM / DD / YYYY
07 / 27 / 2012

MM / DD / YYYY
07 / 27 / 2012

MM / DD / YYYY
07 / 27 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §43g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period:

From:

04 / 01 / 2012

To:

06 / 30 / 2012

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	2012	4945658
(b) Cash on Hand at Beginning of Reporting Period.....	5124076	
(c) Total Receipts (from Line 19).....	311606	746524
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5435682	5692182
7. Total Disbursements (from Line 31).....	12500	269000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5423182	5423182
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period: From:

04 / 01 / 2012

To:

06 / 30 / 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1 3 9 3 9 2

3 1 2 8 9 8

(ii) Unitemized.....

1 7 2 2 1 4

4 3 3 6 2 6

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

3 1 1 6 0 6

7 4 6 5 2 4

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

3 1 1 6 0 6

7 4 6 5 2 4

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

3 1 1 6 0 6

7 4 6 5 2 4

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

3 1 1 6 0 6

7 4 6 5 2 4

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		6 5 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		6 5 0 0
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		2 5 0 0 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements	1 2 5 0 0	1 2 5 0 0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1 2 5 0 0	2 6 9 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 2 5 0 0	2 6 9 0 0 0

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3 1 1 6 0 6	7 4 6 5 2 4
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3 1 1 6 0 6	7 4 6 5 2 4
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		6 5 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		6 5 0 0

12030864772

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 2

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial) Rutledge, Ronald P.

Date of Receipt

MM	DD	YYYY
Payroll	Deduction	

Mailing Address
240 Linden Drive

City State Zip Code
Waukee Iowa 50263

FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4

Name of Employer Occupation
Farmers Mutual Hail Ins. Co. President FMH

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
9 2 2 0 2

Amount of Each Receipt this Period

4	0	1	5	8
---	---	---	---	---

Full Name (Last, First, Middle Initial) Roggenburg, Darin

Date of Receipt

MM	DD	YYYY
Payroll	Deduction	

Mailing Address
2035 134th Street

City State Zip Code
Clive, Iowa 50325

FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4

Name of Employer Occupation
Farmers Mutual Hail Ins. Co. CFO FMH

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
6 6 7 6 0

Amount of Each Receipt this Period

2	9	0	4	0
---	---	---	---	---

Full Name (Last, First, Middle Initial) Rutledge, Shannon

Date of Receipt

MM	DD	YYYY
Payroll	Deduction	

Mailing Address
2273 NE 88th Street

City State Zip Code
Altoona, Iowa 50009

FEC ID number of contributing federal political committee. C 0 0 1 1 7 6 1 4

Name of Employer Occupation
Farmers Mutual Hail Ins. Co. SVP FMH

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5 8 5 7 0

Amount of Each Receipt this Period

2	5	5	8	4
---	---	---	---	---

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)
A. Faga, Patrick

Mailing Address
735 Roosevelt Street

City State Zip Code
Story City, Iowa 50248

FEC ID number of contributing
federal political committee. C 0 0 1 1 7 6 1 4

Name of Employer Occupation
Farmers Mutual Hail Ins. Co. SVP FMH

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5 1 0 0 0

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

2 5 5 0 0

Full Name (Last, First, Middle Initial)
B. Kevin Johnson

Mailing Address
1783 Maple Ct

City State Zip Code
Winterset, IA. 50273

FEC ID number of contributing
federal political committee. C 0 0 1 1 7 6 1 4

Name of Employer Occupation
Farmers Mutual Hail Ins. Co. VP Sales

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2 2 4 9 6

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

9 6 8 4

Full Name (Last, First, Middle Initial)
C. Larry Ewart

Mailing Address
15188 Bryn Mawr

City State Zip Code
Clive, IA. 50325

FEC ID number of contributing
federal political committee. C 0 0 1 1 7 6 1 4

Name of Employer Occupation
Farmers Mutual Hail Ins. Co. VP Claims

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2 1 8 7 0

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

8 7 4 8

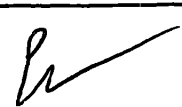
SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1 3 9 3 9 2

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/27/12
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 PREPARER (3/2005)	7/31/12 DATE PREPARED
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